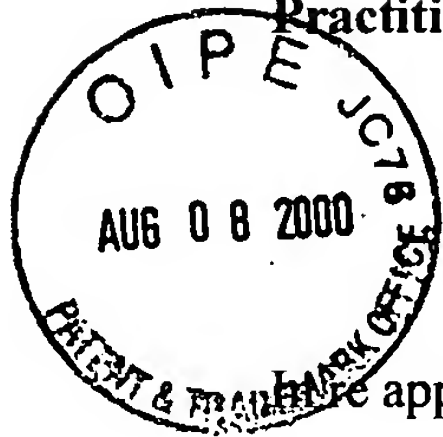


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Examiner application of: Peshkin, Michael A.

Application No.: Not Yet Assigned

Filed: Herewith

Examiner: D. Bruce

Group No.: 2876

For: Apparatus and Method for Planning a Stereotactic Surgical Procedure Using Coordinated Fluoroscopy

Assistant Commissioner for Patents
Washington, D.C. 20231

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IDENTIFICATION OF TIME OF FILING THE ACCOMPANYING
INFORMATION DISCLOSURE STATEMENT

The information disclosure statement submitted herewith is being filed within three months of the filing date of the application or date of entry into the national stage of an international application or before the mailing date of a first Office action on the merits, whichever event occurs last. 37 C.F.R. section 1.97(b).

Copies of the cited references, except for Patent No. 6,069,932, were previously submitted by applicant, or cited by the examiner in connection with related applications nos. 09/483,107, 09/020,767 and 08/649,798. Therefore, only a copy of Patent No. 6,069,932 is being submitted.

Date:

August 8, 2000

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Signature of Practitioner

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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 C.F.R. § 1.16(c) or (j))	-20* =		x \$ 18.00 =	\$
	INDEPENDENT CLAIMS (37 C.F.R. § 1.16(b) or (i))	-3** =		x \$ 78.00 =	
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 C.F.R. § 1.16(d))			+ \$ _____ =	
				BASIC FEE (37 C.F.R. § 1.16)	690.00
				Total of above Calculations =	
	Reduction by 50% for filing by small entity (Note 37 C.F.R. §§ 1.9, 1.27 & 1.28).				
				TOTAL =	

* Reissue claims in excess of 20 and over original patent.
** Reissue independent claims over original patent.

6. Small entity status:

- a. ☐ A small entity statement is enclosed, if (b) and (c) do not apply.
b. ☐ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
c. ☐ Is no longer claimed.

7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 13-4900:

- a. ☒ Fees required under 37 C.F.R. § 1.16.
b. ☒ Fees required under 37 C.F.R. § 1.17.
c. ☐ Fees required under 37 C.F.R. § 1.18.

8. ☒ A check in the amount of \$ 690.00 is enclosed.9. ☐ New Attorney Docket Number, if desired _____

[Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.]

- 10 a. ☐ Receipt For Facsimile Transmitted CPA (PTO/SB/29A)
b. ☒ Return Receipt Postcard (Should be specifically itemized, See MPEP 503)

11. ☐ Other: _____**NOTE:**

The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.

12. NEW CORRESPONDENCE ADDRESS

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13. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type)

Marc A. Hubbard

Signature



Registration No. (Attorney/Agent)

32,506

Date

August 8, 2000